## **STATEMENT OF**

FORM 1	ORGANIZA (See instruction			Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	
Northeast Util	ties Employees Political Action (	Committee-Federal		
ADDRESS (number and	901 F Street, NW, Su	ite 602		
(Check if address is changed)	Washington		DC	20004
		CITY▲	STATE	ZIP CODE 📥
(Check if address is changed)	L ADDRESS (Please provide only one e-r	nail address)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE <b>M A 0 4</b>				
3. FEC IDENTIFICA	TION NUMBER	C C00102160		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam  Type or Print Name of	ned this Statement and to the best of my know  Treasurer  Sheri Lauten	wledge and belief it is true, correc	t and complete	
Signature of Treasurer	Electronically Filed by Sheri Laut	en	Date 0 4	D 23 Y 2010
NOTE: Submission of fa	se, erroneous, or incomplete information may		•	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-955 Local 202 694 1100	mission	FEC FORM 1 (Revised 02/2009)